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To: Examiner Kinkead **From:** Christopher A. Bennett

Fax: 703-872-9306 **Date:** January 13, 2004

Phone: 703-305-3486 **Pages:** 13

Re: 09/738,374 **CC:**

36856.414

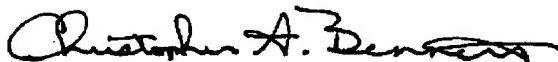
Comments:

Examiner Kinkead,

Please find attached hereto the following documents for the above-identified application:

- 1) Amendment;
- 2) Petition for ONE-Month Extension of Time;
- 3) Amendment Transmittal; and
- 4) Two Credit Card Forms PTO-2038.

Respectfully submitted,



Christopher A. Bennett
for
Keating & Bennett, LLP
(Registration Number 46,710)

Attorney Docket No. 36856.414

Date: January 13, 2004

Inventor(s): Toshikazu FUNAHARA et al.

Serial No. : 09/738,374

Filed : December 15, 2000

For : PIEZOELECTRIC OSCILLATOR UNIT

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified patent application.

- Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- No additional fee is required.

The fee has been calculated as shown below:

(Col. 1) CLAIMS REMAINING AFTER AMENDMENT	(Col. 2) HIGHEST NO. PREVIOUSLY PAID FOR	(Col. 3) PRESENT. EXTRA	SMALL ENTITY RATE	SMALL ENTITY FEE		OTHER THAN SMALL ENTITY RATE	OTHER THAN SMALL ENTITY FEE
TOTAL CLAIMS <u>13</u> INDEP CLAIMS <u>8</u> <input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP CLAIMS	<u>20</u> <u>3</u>	<u>3</u>	X 9 X 42 X+ 130	\$ _____ \$ _____ \$ _____	OR OR OR	X 18 X 86 + 290	\$ _____ \$ <u>258.00</u> \$ _____
				TOTAL = \$ _____			TOTAL = \$ <u>258.00</u>

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 of a prior amendment or the number of claims originally filed.
- Please charge my Deposit Account No. 50-1353 the amount of \$ _____. A duplicate copy of this transmittal letter is enclosed.
- A check in the amount of \$ _____ to cover the extension fee is enclosed.
- A Credit Card Payment Form In the amount of \$258.00 to cover the additional claims is enclosed..
- The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1353. A duplicate copy of this transmittal letter is enclosed.
- Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

Joseph R. Keating
Reg. No. 37,368

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